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SEPETARY OF STATE
AND SEPETARY OF STATE

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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations DREAM YACHT SALES, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: LAURE DAMMAN, CONTROLLER (Contact Person) ANNAPOLIS BAY CHARTERS, INC. (Firm/Company) 7080 BEMBE BEACH RD, STE 211 (Address) ANNAPOLIS MD 21403 (City/State and Zip Code) For further information concerning this matter, please call: LAURE DAMMAN, CONTROLLER 268-2308 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records of	the Florida Department
of State is: DRE	AM YACHT SALES, LLC	<u> </u>	·
2. The Florida docu	ment/registration number a	ssigned to this limited liabilit	y company is:
L1100007350)		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resig	n is: 09.15.2015
4. I, BRUCE S. T	RULIO	, hereby withdraw/resig	gn as a ASSE 22
	ame of Person Resigning)	, nereby withdraw/resig	MO P
MGR			
	(Print Title)		RIDA 16
resignation in wri		he limited liability company he liability company he liability lia	nas been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		